

Paul Thomas AZ2563  
Name and Prisoner/Booking Number  
Lancaster  
Place of Confinement  
P.O. Box 4610  
Mailing Address  
Lancaster, Ca. 93539  
City, State, Zip Code

(Failure to notify the Court of your change of address may result in dismissal of this action.)

**FILED**  
JAN 27 2022  
CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
BY [Signature]  
DEPUTY CLERK

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF CALIFORNIA

Paul Anthony Thomas  
(Full Name of Plaintiff) Plaintiff,

v.

(1) SGT. Ware  
(Full Name of Defendant)

(2) % Avila

(3) Doe Correctional Staff, several,

(4) \_\_\_\_\_

Defendant(s).

☒ Check if there are additional Defendants and attach page 1-A listing them.

CASE NO. 2:22 - CV 0177 - EFBPC  
(To be supplied by the Clerk)

CIVIL RIGHTS COMPLAINT  
BY A PRISONER

- ☒ Original Complaint  
☐ First Amended Complaint  
☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

- ☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983  
☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).  
☐ Other: \_\_\_\_\_

2. Institution/city where violation occurred: New Folsom

**B. DEFENDANTS**

1. Name of first Defendant: SGT. Ware. The first Defendant is employed as:  
SGT. at New Folsom  
(Position and Title) (Institution)
2. Name of second Defendant: C/O Avila. The second Defendant is employed as:  
correctional officer at New Folsom  
(Position and Title) (Institution)
3. Name of third Defendant: \_\_\_\_\_. The third Defendant is employed as:  
\_\_\_\_\_ at \_\_\_\_\_  
(Position and Title) (Institution)
4. Name of fourth Defendant: \_\_\_\_\_. The fourth Defendant is employed as:  
\_\_\_\_\_ at \_\_\_\_\_  
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

**C. PREVIOUS LAWSUITS**

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If yes, how many lawsuits have you filed? 0. Describe the previous lawsuits:
  - a. First prior lawsuit:
    1. Parties: NA v. \_\_\_\_\_
    2. Court and case number: \_\_\_\_\_
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_
  - b. Second prior lawsuit:
    1. Parties: NA v. \_\_\_\_\_
    2. Court and case number: \_\_\_\_\_
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_
  - c. Third prior lawsuit:
    1. Parties: NA v. \_\_\_\_\_
    2. Court and case number: \_\_\_\_\_
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

## D. CAUSE OF ACTION

## CLAIM I

1. State the constitutional or other federal civil right that was violated: cruel & unusual punishment as well as a victim of excessive force.

2. Claim I. Identify the issue involved. Check **only one**. State additional issues in separate claims.

- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities                        | <input type="checkbox"/> Mail             | <input type="checkbox"/> Access to the court  | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings                 | <input type="checkbox"/> Property         | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation  |
| <input checked="" type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____         |                                       |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

During Third watch in New Folsom Building B-1 cell number #203 (I was a victim of BAD excessive force) due to protesting in the form of a hunger strike due to lack of program in New Folsom EOP Hub. SGT. Ware of B-yard and Yo Avila approached my door in an aggressive manner preparing retaliation by causing physical harm to me. I/P, Paul Thomas A22563 for being on a hunger strike. The SGT, SGT Ware is responsible by allowing Yo Avila to initiate this cruel act by instructing the 3rd watch B-1 tower to open my door to conflict harm on me. I was grabbed, slammed to the ground miked, knelt to the floor, and violated by not being given the opportunity to place on clothing prior to bird bathing in my assigned cell B-1 #203. Several (Doe correctional) officers are responsible as well. on 7-19-2021 I was told by a inmate in A-section, top tier that SGT. Ware and Yo Avila were responsible for striking me as well as I layed on my stomach in restraints remaining the victim of excessive force.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

I suffered two bumps on my head, laceration on my forehead & scalp. Swelling on my stomach and groin. Redness under my eyelids, and chronic pain in my face. a completed 7219 by medical was performed.

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? Yes! ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim I? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim I to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. \_\_\_\_\_

## CLAIM II

1. State the constitutional or other federal civil right that was violated: \_\_\_\_\_

2. **Claim II.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

☐ Basic necessities

☐ Mail

☐ Access to the court

☐ Medical care

☐ Disciplinary proceedings

**□ Property**

☐ Exercise of religion

- Retaliation

☐ Excessive force by an officer

☐ Threat to safety

☐ Other:

☐ Other: \_\_\_\_\_.

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim II. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

- ## 5. Administrative Remedies.

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☐ No

- b. Did you submit a request for administrative relief on Claim II? ☐ Yes ☐ No

- c. Did you appeal your request for relief on Claim II to the highest level? ☐ Yes ☐ No

- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not.



### E. REQUEST FOR RELIEF

State the relief you are seeking:

I want to be reimbursed in the amount of \$1,000,000.00

I declare under penalty of perjury that the foregoing is true and correct.

Executed on (1) - 15 - 22  
DATE

Paul Thomas  
SIGNATURE OF PLAINTIFF

Paul Thomas  
(Name and title of paralegal, legal assistant, or  
other person who helped prepare this complaint)

NA  
(Signature of attorney, if any)

(Attorney's address & telephone number)

### ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.